MARGIN RESERVED FOR BINDING

VS A15

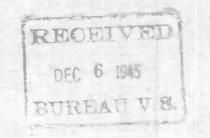
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 181-01

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: County VORCESTER	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State MARKLITAD COUNTY WORCESTER		
City or town Grown limits, write RURAL and give nearest town)			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Nospilal, Institution, or street address where death occurred.	Street No. PITTS:		
	(if rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
ROBERT C. BETHELL			
4. Sex, 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WITIE MARRIED	20. DATE DE DEATH, 19 4 Sat M		
6.(6) Name of husband or wife LENARAYNE BETHELL	21. 1 CRIUP; that death occurred on the date above stated. That I attended deceased from		
	19450 30 19 1 Jee 10		
7. Birth date of S years	and that I last saw h Luxalive on 2 cc 1 - 45		
deceased (mo., day, yr.) J V U G . 22, 1856	Immediate pause of death)		
8. AGE: Years Months Days If less than one day	Ocute arence		
89 3 9hrsmin.			
8. Birthplace Boon VILL (Town, count), and state)	Due to Chronic Vil 10p.		
10. Usual occupation RETIRED TELEPHUNIE			
ENIPLOYEE	Due to		
	Other conditions		
	(include pregnancy within 3 months of death)		
14. Malden name EVA MAFFETT PARRETT 15. Birthplace EYAN SVILLE IN 12.	Major findings of operations.		
\$ 15. Birthplace EYAN SVILLE IND.	Date of on		
16. Informant MRS. C. W. RANDAUL	Autorsy results		
A ()	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
A 10 /V =	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory EAST RIDGELAWN CENT.	Where did injury occur?		
0			
Location DELAWANIAN.J.	Injured at homo, farm, Industry, public place (where?)		
18. Funeral director. Anna A. Burbay	Means of Injury Injured at work?		
Address Berlin, Ind.	23. SIGNATURE Clifford E. Chart		
19.12 4- 19.45 Helen J. Thuward	M. D. or other		
19. 12 House (Date rec'd by registrar)	Address Date signed 2-2-45		



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /09

CERTIFICATE OF DEATH

4.	0	C 100			10	,		
,	1	24.1	- 3			1 4	1	
a.	-	Reg.	Dint.	No.			·····	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town Rural Parameter med	State Mary Land County Worrester
If outside city or town limits, write RURAL and give nearest town)	City of town.
How long in above place of death?	If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
3. (a) FULL NAME Maurice B. Brittin	ghom
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	AMPLICAL CERTIFICATION
	MEDICAL CERTIFICATION
Topole white Single	20. DATE OF DEATH. A December 12 19 65 at 11 0 M
	21. I CRIFY that death occurred on the date above stated; that I abended deceased from
6.(b) Name of husband or wife	1 10 12 12 18 10 12 18 1
7. Birth date of deceased (mo., day, m. Heberrary 13-1945	and that I last saw harmalive on19.45
deceased (iiio., day,)17	Immediate cause of death
0. AGE.	
7 77hrsmin.	Convellerons & those
a Bithologo Valisbury Wisomiso Maryland	Oue D
9. Birthplace (Jawn, county, and state)	Torrett, menumas
10, Usual occupation.	
	Due to
11. Industry or business	
12. Name Marrice Fr Buttingham	Other conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
I when Oulia thereby	
14. Malden name Julia Asturbuy 15. Birthplace Virginia	Major findings of operations.
\$ 15. Birthplace / Virginia	Date of op.
16. Interment Mrs Julia Brittengham	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Tulal Pocomoke ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or remound. Which?) (mouth) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Records Small	Injured at home, farm, industry, public face (were?)
	Meens of Injury Injured at work?
18. Funeral director Mangarette 2/10 above	
Address Potember 3nd 11	TO 1/2 data
1 - 1 = N - 1	23. SIGNATURE M. D. or other
19 Dec. 17 1945 Anne Contribe	Vocaselore to Mid 12/13/11
(Date rec'd by registrar) Registrar	Address Date signed Date signed

DEC 20 1945 BUREAU VA

CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Diat. No. 35/
1. PLACE OF DEATH: County 1, 10 Resolution Elity or town.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	Cily or town (1f outside city or town limits, write RURAL and give nearest town
How long in hospital or institution?	(1f rural, give LOCATION)
3. (9) FULL NAME Levri albert Conner.	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white condorsi	20. DATE OF DEATH December 1 5 1945 at
6.(b) Name of husband or wife	21. I SERTIFY that death occurred on the date above stated; that Laticoded deceased from
7. Birth date of deceased (mo., day, yr.) 4 2 9 18 7 5	and that I last saw h
8. AGE: Years Months Days If less than ooe day	Immediate canse of death 5
9. Birthplace Lut Work Co. rud (Town, county, and state)	Due to Ztremea
10. Usual occupation. Cetured mill Punic.	Oue to Agreettension
12. Name albert Comes: 13. Birthplace Surver I diel mid.	Dther conditions
# 14. Maiden name Clipabeth Jones	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Mrs. Rents Commen.	Antopsy results.
Address Newarle, and 12 Bural Bate thereof 12/17/45	PHYSICIAN: Please underline the cause to which death should be charged statistical 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide
Location revarle my	Injured at home, farm, industry, public place (where?)
16. Funeral director Dan A Bulloga	Means of injury tnjured at work?
Address Berling Mil	23. SIGNATURE M. D. or other

VS A15

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 447 CERTIFICATE OF DEATH 1. PLACE OF DEATH: (For newborn infunta give residence of mother) (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and City or town Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION causes Male BINDING 7. Birth date of deceased (mo., day, yr.) if less than one day 8. AGE: ADING INK. Supp Physicians: please 10. Usual occupation..... 11. Industry or business important. Major findings of operations..... PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Means of Injury 18. Funeral director Address 23. SIGNATURE

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give neurest town)

218-16-68

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

(Include pregnancy within 8 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following;

Injured_at work?

RECOUNT OF STREET

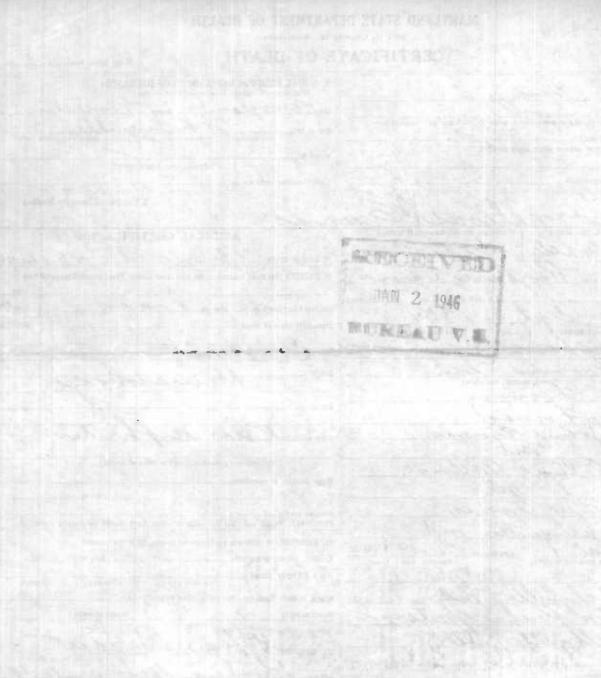
in Selven in the second in the

2411 N. Charles St., Baltimora (3)

CERTIFICATE OF DEATH

12876

8. (b) Name of husband or wife S. (c) If alive, give ago Illumediate cause of death Dua to that last saulication alive and interest and interest and interest alive ago Illumediate cause of death S. (c) If alive and interest alive ago Illumediate cause of death S. (c) If alive and interest alive ago Illumediate cause of death S. (c) If alive and interest alive ago Illumediate cause of death S. (c) If alive and interest alive a	CERTIFICA	TE OF DEATH Reg. Dist. No. 355
The state of the s	County Warelplan	(For newborn infants give residence of mother)
Reo long in above place of death?	City or town. (If outside city or own limits, write RURAL and give nearest town)	"
Row long in benefital or inclitution? 3. (a) FULL NAME 3. (b) Social Security Number A. Saz 5. Color or 1958 6. (c) Single, married, videwed, or Vinerced MEDICAL CERTIFICATION 20. Date of Death 21. I CERTIFY that death occurred on the date above stated; that I viteeded deceased from 21. I CERTIFY that death occurred on the date above stated; that I viteeded deceased from 21. I CERTIFY that death occurred on the date above stated; that I viteeded deceased from 22. Date of Death 35. (a) I I vitee I in the state of the date above stated; that I viteeded deceased from 23. AGE: Vari Reeths Dayr Vitee I was a part of the state above stated; that I viteeded deceased from 24. AGE: Vari Reeths Dayr Vitee I was a part of the state above stated; that I viteeded deceased from 25. AGE: Vari Reeths Dayr Vitee I was a part of the state above stated; that I viteeded deceased from 26. AGE: Vari Reeths Dayr Vitee I was a part of the state above stated; that I viteeded deceased from 27. I was a part of death Day Day Vitee I was a part of death. 28. Birthplace 29. Birthplace 10. Bural occupation. 11. Indextry or business 12. I was a part of the state of t	How long in above place of death?	
3. (a) FULL NAME 4. Sex 5. Color or type 6. (c) Name of bushand or wife 6. (d) Name of bushand or wife 6. (e) Name of bushand or wife 7. Birth dale of deceased (mo. day, yr.) 8. AGE: Year 8. Birthplace 10. Usual accupation 11. Industry or business 12. Name 13. Birthplace 14. Name 15. Birthplace 16. Informant 16. Inform		(If rural, give LOCATION)
4. Sex S. Color of type S. (G.) Single, married, widowell, or Eliverced MEDICAL CERTIFICATION 20. DATE DE DEATH. 21. I CERTIFY that death occurred on the data above stated; that I strended deceased from S. (G.) Hame of husband or wife. S. AGE: Year Menths Days If least have one day In Birth date of deceased (no., day, yr.) S. Birthplace Govern, country, and states) Due to. Birthplace Other conditions Due to. Other conditions Misjor findings of operations. Major findings of operations. Misjor findings of operations. Misj		
Accessed (mo. day, yr.) S. AGE: Verr. Months: Days' If less than one day Due to. Birthplace Grown, country, and state) 10. Usual occupation. 11. Industry or business 12. It same. 13. Birthplace Major fluidings of operations. Major fluidings of	Cornelious Co	J. (b) Social Security Number
8. (c) If alive, give ago and that I last saw is alive on its analysis of deceased (mo, day, yr.) 8. AGE: Tear Months Days If less than one day 10. Usual occupation. 11. Industry or business Tomas (include pregnancy within 3 months of death) 12. Name. 13. Birthplace 14. Malden name. 15. Informant Months County. 16. Informant Months Date thereof. 17. Birthplace 18. Actionary results. 19. Industry or business Tomas (include pregnancy within 3 months of death) Major findings of operations. 19. Informant Months County. 11. Industry or common or comoval, Whiching Date thereof. 11. Industry or common or comoval, Whiching Date thereof. 11. Industry or common or comoval, Whiching Date thereof. 12. VIOLENCE: If death was due to external causes, fill in the following: 11. Constitution or common or comoval, Whiching Date thereof. 12. VIOLENCE: If death was due to external causes, fill in the following: 12. VIOLENCE: If death was due to external causes, fill in the following: 13. Signature County (City or town) (County) (State) 14. Funeral diractor. 15. Funeral diractor. 16. Information of the county of the	1. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Wildows	M A7
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Marken name. 18. Marken name. 19. Marken name. 10. Usual occupation. 11. Industry or business 11. Marken name. 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Marken name. 18. Marken name. 19. Marken name. 10. Usual occupation. 11. Industry or business (Includo pregnancy within 8 months of death) 11. Marken name. 12. Violence: If death was due to external causes, fill in the following: 10. Marken name. 11. Marken name. 12. Violence: If death was due to external causes, fill in the following: 12. Violence: If death was due to external causes, fill in the following: 13. Signature. 14. Marken name. 15. Birthplace (Includo pregnancy within 8 months of death) 16. Informant name. 17. Marken name. 18. Marken name. 19. Marken name. 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 10. Marken name. 11. Industry public place (death) 11. Industry public place name. 19. Marken name. 10. Marken name. 10. Marken	6.(b) Name of husband or wife	
8. AGE: Years Months Days If less than one day 4 25 If less than one day 4 25 If less than one day 5 If less than one day 4 25 If less than one day 4 25 If less than one day 5 If less than one day 6 If less	7. Birth date of	and that I last sawhin alive on Ded 26 1945
10. Usual occupation 11. Industry or business 12. Name	8. AGE: Years Months Days If less than one day	
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informani Address 17. Manual County 18. Informani 19. Survey 19. Su	9. Birthplace Torcal Man, (Down, county, and state)	Hemomes
12. Name Other conditions (include pregnancy within 3 months of death) 14. Maiden name Colinga Muluum 15. Birthplace 16. Informani Muliu Covani Address Mhaluquille, Mul. 17. (Burial, cremation, or removal, Which?) Cemetery or crematory (month) (day) (year) Cometery or crematory (City or town) Location Major fiadings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? M. D. or other	1	
14. Malden name	12. Name John Towns.	
Autopsy results. PHYSICIAN: Please underline the cause in which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Mi. D. or other		
Address Note of the property	n/ 11 · /	
22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal. Whichi) Cemetery or crematory. Location The light li	2// 1 11 2.1	
Cemetery or crematory Location County Means of injury	" Burial May 29 1945	
18. Funeral director. Means of Injury Means of Injury Means of Injury Minjured at rook? Address A		
Address Sellegeiller Cles. 33. SIGNATURE Chas Re Jour	m Parly Monthage	
15 09 H5 Plan 7 Rolling To Signature M. D. or other	101 10- 10 0	Plan R. L.
	19 12 - 29 1945 Relem 7 Harring	23. SIGNATURE M. D. or other M. D. or other M. D. or other Date signed 2 29 43



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore qua CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) WORCESTER State MARICHNIA County WURCESTER ion carefully. How long in above place of death? 55 4 EARS Hospital, Institution, or street address where death occurred: (If rurai, give LOCATION) information of death cle How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING MALE WHITE MARRIED 20, DATE OF DEATH December 10th 19 45 , 10:00 RUTH M. GILLIS CERTIFY that death occurred on the dato above stated; that I attended deceased from 6.(c) If alive, give age 4 8 years MARGIN RESERVED FOR HUG. 4,1890 deceased (mo., day, yr.) 8. AGE: 55 9. Birthplace ST. MIADTINS NOR. Co. 14 12. (Town, county, and atate) MIERCHANT 11. Industry or business ANIES (Include pregnancy within 8 months of death) 14. Maiden name ELIZABETH Major findings of operations..... DELAYVARG MRS. JOHN H. GILLIS WRITE PLAINLY, is especially PHYSICIAN: Please nuderline the cause to which death should be charged statistically. STIMIARTINS MID 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) BUCKINGHAM). Injured at hope, farm, industry, public place (where?) Registrar

RECEIVED DEC 19 1945 BUREAUVA

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

, Dist. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Worcestry	(For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State Mary County Workella
(If outside city or town limits, write RURAL and give nearest town)	City or fown
How long in above place of death?	(1) optside city or town limits, write higher and give hearest town)
nospital, institution, of street solution motor solution	(If rural, give LOCATION)
How long In hospital or Institution?	2,(a) If veteran, name war
3. (a) FULL NAME	
Georganna Susie	Hasting 3.(b) Social Security Number 218-20-5719
4. Sey 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tomale white divound	20. DATE DE DEATH 20. 20. DATE DE DEATH 20. 20. DATE DE DEATH 20. DATE DE
All November of humband on mile	21. I CERTIFY, that death occurred on the date above stated; that Pettended deceased from
6.(b) Name of husband or wife	12 f 1965 to be 14 19465
7. Birth date of	and that I last saw have alive on 1945
deceased (mo., day, yr.) / soesubee 14, 1872	Immediate cause of death
8. AGE: Years Months Days If less than one day	a Coracia Contracia
53 / 0hrs.	
9. Birtholine Jargatha (Town, county, and state)	
10. Usual occupation 32 and	Due to
11. Industry or business	
12. Hame Samuel P Wessells	Diher conditions
13. Birthplace Verginia	(Include pregnancy within 3 months of death)
14. Malden name Blesabeth Usung	
14. Malden name Bles abeth Jones J. 15. Birthplage	Major findings of operations
El 15. Birthplace	Date of op.
16. Information of the state of	Autopsy results
Address Pollehaven 7/a.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 100	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or ren eval. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Aoussian Consister	Where did injury occur?
10-15-R2 00A 7/2 0	Injured at home, farm, Industry, public place (where?)
Location	10000
18. Funeral director Mangarott Ale aland	Means of Injury Injured et work?
Address Phones Part 1	Chilala
Audiess .	23. SIGNATURE M. D. or other
19. Dec 17, 19 45 anne 6. Other	
(Date rec'd by registrar) Regist	rar Address Date signed

DEC 20 1945 NUMBAU V.S.

The correct age

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

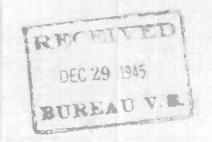
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

12879

Rev. Dist. No. 355

County When us	(For newborn infants give residence of mother)
City or town Berlin	State County While W
(If outside city or town limits, write RURAL and give nearest town)	City or town (1f outside city or town limits, write RURA and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURA and give nearest town)
	Street No. (If rural, give LOCATION)
How love to beautiful as leading to	
How long in hospital or institution?	2.(a) If voloran, namo war
3. (a) FULL NAME David arnold I Leure	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored married	20. DATE OF DEATH December 19 18.45 at 6:45A
6.(6) Namo of husband or wife Ineg John)denny	21. I CERTIFY that doath occurred on the date above stated; that I attended deceased from
7. Birth date of School	and that I last saw halive on
deceased (mo., day, yr.) JUNE 25/1908	Immediate cause of death OURATION
8. AGE: Years Mooths Days If less than one day	Characa Tubercalores 13 m
37 5 24min.	
a Bishilan Mary Land	Oue 10
9. Birthplace	
10. Usual occupation. Barber	
11. ladustry or business	Que to
E 12 Name Sace I - Henry	
	Other conditions
2 13. Birthplaco	(Include pregnancy within 3 months of death)
14. Maiden name I des Li Muller 15. Birthplaco Della Md	Major fiedings of operations.
\$ 15. Birthplaco Berlin My	Date of on
18 Informant mrs. David a Kenny	Actopsy results
G 1 - 20 d	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Della Pag	22. VIOLENCE: If doath was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or handkide
Stell Carl (Carl)	Where did inlefty occur?
Cemotery or crematory	Where did injery occur? (City or town) (County) (State)
Location (Seelle M.)	Injured at home farm, judustry, public place (where?)
18. Funeral director Aura A. Burbone	Means of Injury Injured at work?
A 1 . 12 1	WWW/THE SON
Address Service .	23. SIGNATURE
10 12-22 10 47 Helen 1- Jan ell	M. D. or other
(Dato rec'd by registrar) Registrar	Address Detection Man Date signed 2-20-4



2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

			-	-
			4	page 1
				50
Reg.	Dist.	No.		

.... Date signed.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Januelland County Warrender
(If outside city or town limits, write RURAL and give yearest town)	" / FD
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest sown)
Hospilal, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sade Ward Item	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale Colord Widowed.	1)22 3 115 3 8
00.41	20. DATE OF DEATH
B.(b) Name of husband being a second	21. I CERTAL that death occurred on the date above stated; that tattended deceased from
7. Birth date of O 1 dailye, give age ye	ears
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	
77 - Ihrs.	nin Jeme/Juga, 3de
P- de Marita Ma	
9. Birinpiace. (Town, county, and state)	Due to
10. Usual occupation.	arten school No
11. Industry or business	Due to
	- Ilaneau Jasaa
12. Hame 20 and 20 and 21 and 21 and 21 and 22 and 22 and 23 and 24 and 25 and	Differ conditions.
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
\$ 15. Birthplace Meryland.	
16. Informant Jusque Puel	Autopsy results
Address Pocomohe med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 100 100 100	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemelery or cremators Halls Fell Consider	Where did injury occur?
Q 10 med med	Injured at home, farm, industry, public place (where?)
Location	Msans of Injury
18. Funeral director of an armone Service and a service an	
Address Docomoles Wife	- (D) 11.6 Selsones Kis
DOR 7 15 1 5 75 -	73 SIGNATURE M. D. or other
19. Old pregritter) (Date ree'd by regritter) Regist	Tar Constante ety Md Date signed 2/4/3

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

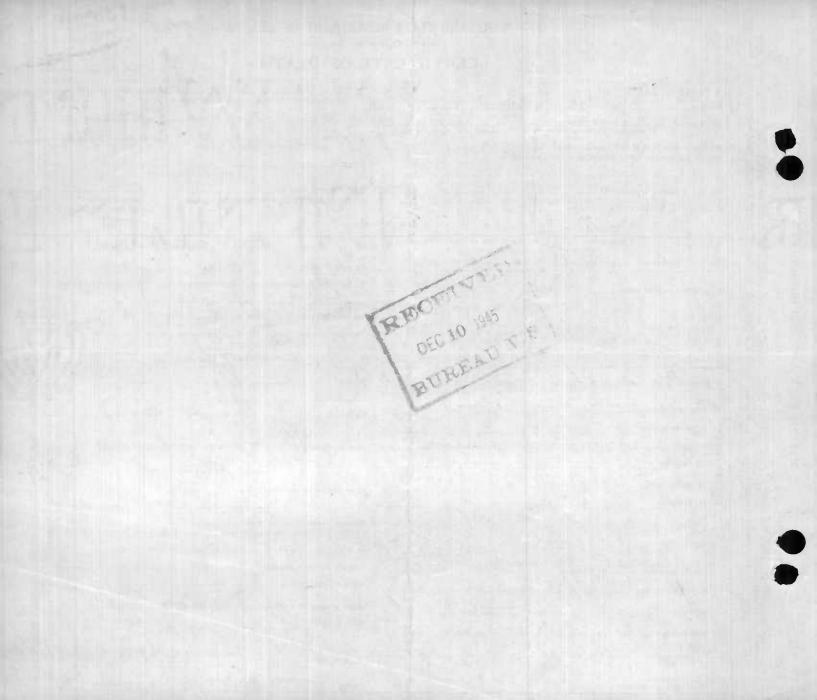
PLEASE

VS A15

BINDING

FOR

MARGIN RESERVED



2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

3. (b) Social Security Number

3-22-720

MEDICAL CERTIFICATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Injured at work?

9

DEC 19 1945

2411 N. Charles St., Baltimore 947

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro iofonts give residence of mother)
City or town. If outside city or towo limits, write RURAL and give nearest towo)	State Topogland County Texture and the
How long in above place of death?	City or town
Hospital, Institution, or street address where death accorred:	Street No.
42	(If roral, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3.(a) FULL NAME Margaret Coloine Sto	3. (b) Social Security Number
4. Sex 5. Color or face 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Single	20. DATE OF GEATH
K	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	Au 1 - 1945 to Bull 1945
6.(c) If alive, give ageyear	
7. Birth date of deceased (mo., day, yr.) July 9, 1876	end that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate caose of death
69 5 9nrsmin	Judan Relation Lie
DIO 12	
(Town, county, ond stote)	Augis Fues 1/4
10. Usual occupation Mange and province for the second	Oue to
11. Industry or business	
# 12. Name W Thereing Thousand	- Other conditions
13. Birthplace Vingence	(Include pregnancy within 8 months of death)
14. Malden name. Suca Ala Trova	Major fiadings of operations
15. Birthplace	Date of op.
18. Informant Miss Elasa Mattlege	Aotopsy results
0 10 11 -11	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address mul focusing 1950	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Practice Construction	Where dld injury occur?
D. I. Ed	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured 2t work?
18. Funeral director Mangasellia	4
Address Recomble Ind.	23. SIGNATURE TIMBLE
Dec. 12 1045 anne Co. White	M. D. or other
(Date rec'd by registrar) Registra	ar Address Date signed



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: County City or town (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rosce & Lall Ivory	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finale Colored married	20. DATE OF DEATH Drc 2 19.45 at 8 A. B
me Lvory,	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(U) Name of husband or wife	Sept 1945, 10 Dec 2 1945
7. Birth date of	and that I last saw halive on19
deceased (mo., day, yr.) 1908	Immediate cause of death
8. AGE: Years Months Days If less than one day	Congestine Heart Ferbuse 1 whs
9. Birthplace Wilnington M. C. (Town, county, and state) 10. Usual occupation. 11. industry or business	Oue to Stypulmens Condis - Pasc China 3 yes
12 Name unknown	Other conditions
EX 12. Name unknown 13. Birthplace	
14. Maiden name Della Fall 15. Birthptace Wilnington, N.C.	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15 Birthpaper Wilminston N.C.	major numbers of operations.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Bishop, Mrd.	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
missing Comptage	Where did injury occur?
Cemetery or crematory.	
Location Bishop, M.	injured at home, farm, Industry, public place (where?)
18. Funeral director Mangarette N. Watson	Means of injury Injured at work?
Address Pacomale City, My	23. SIGNATURE Robert Hong M. D
19 Wec 4 1945 Mis Key Berger (Date ree'd by registrar)	23. SIGNATURE M. D. or other Address Frankfool Ovel Date signed (2-3-4)

DE 13 1915
BURNAU VOE

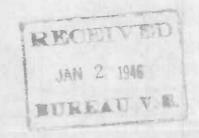
whether.

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH: Waterfall	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. (If outside city or town limits, write RURAL and give neapest town)	State of Management County of Management County of Management of County of Management of County	
How long in above place of death? I Mulau T MO-	(If outside city or town limits, write RURAL and give neare	st town)
Kospital, institution, or street eddress where death occurred:	Street No.	
How long In hospital or institution?	(If rural, givo LOCATION) 2.(a) If veteran, name war.	1
3.(a) FULL NAME	3.(b) Social Security No	
William N. Lank	3.(d) social security in	L
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	(7)
Male While Histories	2D. DATE OF DEATH ALCEMBERS 2 T 19.45	1 5 7 M
6.(b) Name of husband or wife Olyallille of ank	21. I CERTIFY that death occurred on the date above stated; that I attended decease	
7. Birth date of	and that I last saw he was all ye on $\frac{12}{287 + 5}$	19
deceased (ma., day, yr. July 29 - 1860	Immediate cause of death	GURATION
8. AGE: Years Months Days If less than one day		arknow
83 4 27hrsmin.		2. days
9. Birthplace (MAN () () () () () () () () () (Due to	***************************************
10. Usual occupation. Trainel		
11. Industry or business /	Due to	
	Dither conditions	
12. Name 2 and 2 and 2 and 3 a		
# 14. Malden name Celisal Assactord	(Include pregnancy within 8 months of death)	
14. Maiden name Clipa Ashadford	Major findings of operations	0 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
16. Informant MAS Marshella Jamb	Autopsy results.	
Address Anow Will md.	PHYSICIAN: Flease underline the cause to which death should be charged str	atistically.
17 Binial Date thereof Ulc 31/45	22. VIOLENCE: If death was due to external causes, fill in the following:	
(B) Fial, cremation, or removed. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Toward	Where did injury occur?	
Location J. Walley	Injured et home, farm, tudustry, public place (where?)	
18. Funeral director Alama + Jahams	Maans of Injury Injured at work?	.0
Address Drow Nall, Mg	23. SIGNATURE Saul Cohen M.	X
19. 1729/ 1945 RePay Swith (Dato rec'd by registrar) Registrar	Address Snow Hell Date signed	2/29/4

A15 NS



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies St., Baitimore (4/)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Streef No.
How long In hospital or institution?	(If rural, give LOCATION) 2.(a) li veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mancy Elizabeth Palmer	
4. Sex 5. Color or rade 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Teruste White married	2D. DATE OF DEATH December 14 19 45 31 8:30 P
6.(b) Name of husband or wife. Harry E Calmer	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from
7. Birth date of	and that i last saw he alive on Dec 14 1945
8. AGE: Years Months Bays It less than one day	Immediate cause of death DURATION
8. Birthplace. Berlin wo Co Ind	g of the selection of t
13. Usual occupation	Due 10. Du alietes melletis 15 go
12. Name Junes W. Physic. Y 13. Birthplace Gulin mil	VIIII VVIIII VVIIII VIIII VIIIII VIIII VII
14. Maiden oame Phrebe am Phulips 15. Birthplace Berlin Ind.	(Include pregnancy within 8 months of death) Major findings of operations.
El 15. Birthplace (Serlin) .	- Date of op.
18. Informant The State of Sta	Antopsy results
Address 17. Burial, chemation, or removal. Which?) Bate thereot. 12/16/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
Location Serlin Med.	Where did injury occur?
18. Funeral director A. Burbaya	Means of injury injured at work?
Address Berling my	It wise m.D
19. 12-16- (Date ree'd by registrar) 19. 12-16- (Date ree'd by registrar)	B3. SIGNATURE M, D. or other Address. Address. M, D. or other Address.

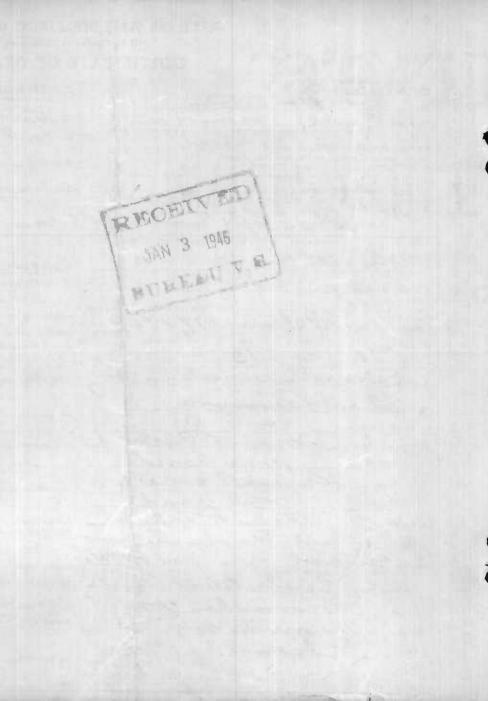


2411 N. Charles St., Baltimore 131-0

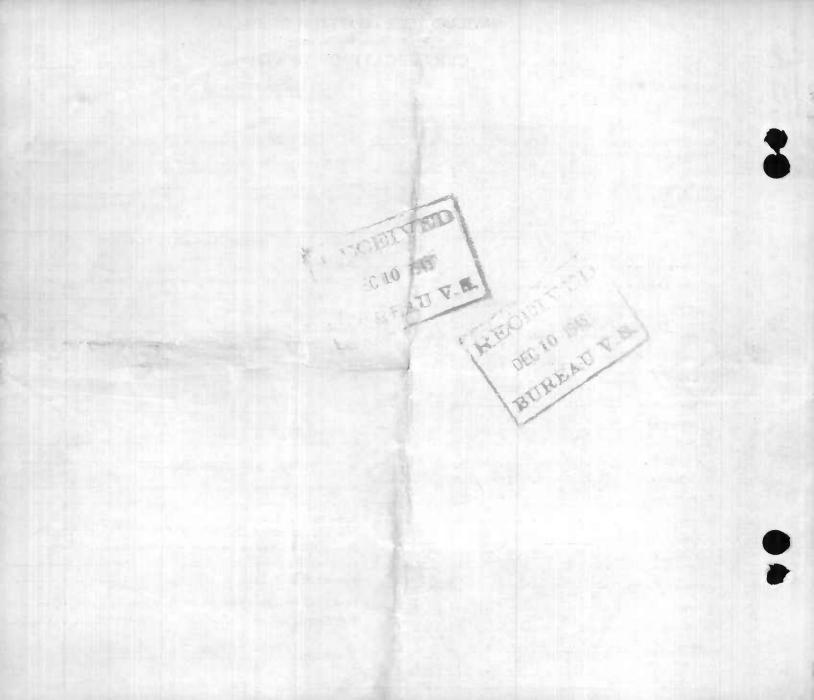
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother)
County	M. I of The certice
ity or town	State County County
(If outside city of town dames, write account and are	City or fown
ow long in above place of death?	(II outside city or town limits, write KOKAL she give hearest cown)
ospital, Institution, or street eddress where death occurred:	Street No
ow long in hospital or institution?	2.(a) If veteran, name war
Jarvey Phonepson	Relchard, 3. (b) Social Security Number
. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white wedowed	20. DATE OF DEATH Describe 30 19 45 pt
001.000	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
(b) Name of husband or wile	7-6, 5 19-44 to Dre 30 19-45
Birth date of	and that I last saw h
deceased (mo., day, yr.) 4 clared 17/864	Immediate cause of death
AGE: Years Months Days If less than one day	Unni lana Int
81 2 /3hrs	in.
De de monte mi	P. Plane Let Malala 2 700
Birthplace (Town, county, and state)	Due to.
Usual occupation Harring	
Industry or business	Due to
11 1 2 - Lacare Tolohopeal	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Somma Gones	
14. Maiden name Sympany Jones 15. Birthplace Walyland	Major findings of operations.
15. Birthblace	Date of op.
i Informant Willards Wilchard	Autopsy results
Address Rural Pocomohe me	
a in al mal 2 1941	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation or removal, Which?) (Burial, cremation or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Presbyttelina Connet	Where dld injury occur?
Demetery of Crematory	Injured at home, farm, Industry, public place (where?)
Location	****
Funeral director Margaretta & Lewatter	Meens of injury Injured at work?
BI le mad	ma's
Address Acomorea Mg	23. SIGNATURE
Jan. 2 will ange of Thile	And Air Ale
(Date rec'd by registrar) Registr	rar Address



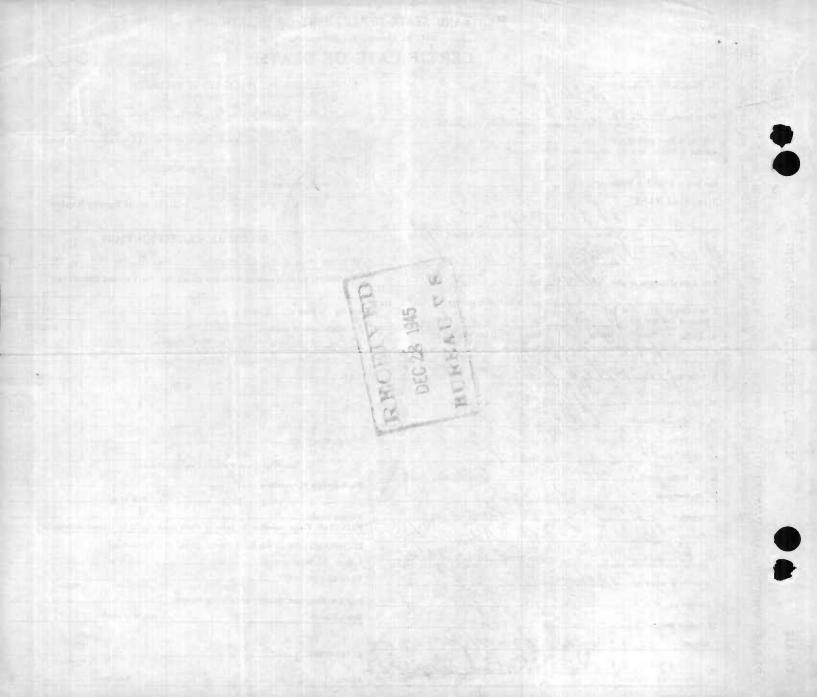
MARYLAND STATE DEPARTMENT OF HEALTH The correct age 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... .S.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Supply OURATION If less than one day 8. AGE: Years Days (Town, county, and state) 10. Usual occupation..... 11. Industry or business 12. Name...... 13. Birthplace important. (Include pregnancy within 8 months of death) Major findings of operations..... 15. Birthotace PLAINLY, vis especially 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? Cemetery or crematory (City or town) (County) Injured at home, farm, industry, public place (where?) Means of Injury Injored at work? 18. Funeral director 23 SIGNATURE.

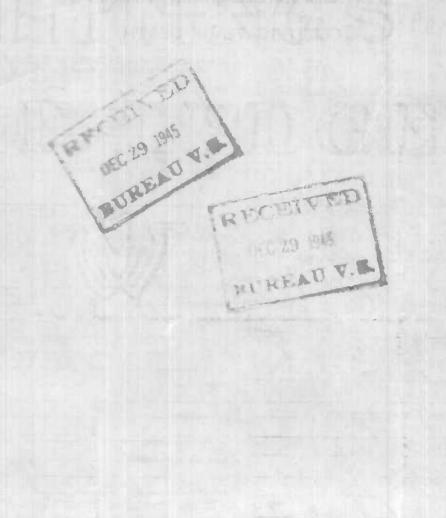


2411 N. Charles St., Baltimore (83-2)

CEDTIFICATE OF DEATH

CERTIFICA	AIE OF DEATH Reg. Diat. No. 38
County or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State August County August County County August City of town Air outside city or town limits, write KUKAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war.
4. Sex 5. Wolor or race 6.(a)Single, married, widowed, or disdreed	3. (b) Social Security Number
Male Mule Marie Manuel Manuel	MEDICAL CERTIFICATION 20. DATE DE DEATH SUSSIMILARY 23 19.45 at 5 7
6.(b) Name of husband or wife AMA S. S.(c) If alive, give age 42 yes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day hrshrs.	Immediate cause of death DURATION Confirmation 192
9. 8irthplace Mar M. N. M.	Due to
11. Industry or business ON James 12. Name + Arabi N. Tusker	Due to
12. Name Jacob S. Tusky 13. Sirthplace Melgyans 14. Maiden name Marik Olivabeth Malls	(Include pregnancy within 3 months of death)
14. Maiden name A. Alleh Ellejalette Malla 15. Birthplace 16. Informant 18. Informant 19. Wana of Tubly	Major findings af operations. Date of op.
Address Smon Nell mg Physil #2	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Byfial, cremation, or removal, Which?) Cemetery or crematory Lall Manual Company (year)	Accident, suicide, or homicide
Location And And Land	Injured at home, tarm, industry, public place (where?) Means of injury Injured at work?
Address Snow Will my	23. SIGNATURE Saul Chen M. D. or other
19. 17 2 +/ 18 45 RETOR Devill	12/34/





7.1	E OF DEATH Reg. Dist. No.
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State ma County Wasterles
	City or town
	Street No. Market St. (If rural, give LOCATION)
	2.(a) If veteran, name war.
-	3.(b) Social Security Number
	o. (o) botal betally Name
-	MEDICAL CERTIFICATION
2	2D. DATE OF DEATH. LLC 14 18 42 21 10 - 30 P.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
ra	Tot 1 19 45 10 Mee 14 19 85
	and that I last saw h. R.A. alive on Illia J. 3. 197-3.
=	Immediate Russo free DURATION
n.	
	Due 1a
	W0 10-
	Due to
-	Pilos andillon 74s perfension 1044
-	
-	(Include pregnancy within 8 months of death)
.	Major finding of operations
-	Date of op,
.	Autopsy results
=	22. VIOLENCE: It death was due to external causes, till in the following;
)	Accident, suicide, or homicide
	Where did injury occur?
	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
	We of Me Mil
Z	23. SIGNATURE M. D. or other

